

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/018913

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
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42		1				
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48						
TOTAL DEP.	41					
TOTAL CLAIMS	42					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDNDMENTS